

STATE OF NORTH CAROLINA
CLEVELAND COUNTY
OFFICE OF THE REGISTER OF DEEDS

Death
204730

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

Book 103
Page 199

REGISTRATION DISTRICT NO. <u>023-00</u> LOCAL NO. _____ COUNTY OF DEATH <u>Cleveland</u> STATE FILE NO. _____													
DECEASED'S LEGAL NAME													
1a. FIRST <u>Joan</u>	1b. MIDDLE <u>Riggins</u>	1c. LAST <u>Riggins</u>	1d. SUFFIX <u></u>	1e. LAST NAME PRIOR TO FIRST MARRIAGE <u>Kumiski</u>									
2. SEX <u>F</u>	3a. AGE LAST BIRTHDAY (Yrs) <u>56</u>	3b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____	4. DATE OF BIRTH (Month/Day/Year) <u>May 25, 1964</u>	5. BIRTHPLACE (County/State or Foreign Country) <u>Cumberland/NJ</u>	6. DATE OF DEATH (Month/Day/Year) <u>February 18, 2021</u>								
7a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____													
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL													
7c. FACILITY NAME (If not institution, give street and number) <u>2439 S. Post Rd.</u>						7d. CITY OR TOWN <u>Shelby</u>	7e. COUNTY OF DEATH <u>Cleveland</u>						
8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married						9. SURVIVING SPOUSE (Give name prior to first marriage) <u>Brian P. Riggins</u>	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) <u>Homemaker</u>	10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>					
11. SOCIAL SECURITY NUMBER <u>138-62-0543</u>						12a. RESIDENCE-STATE OR FOREIGN COUNTRY <u>North Carolina</u>	12b. COUNTY <u>Cleveland</u>	12c. CITY OR TOWN <u>Shelby</u>					
13. STREET AND NUMBER <u>2439 S Post Rd</u>						12d. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12f. ZIP CODE <u>28152</u>	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd, MEd, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LL.B., JD)						15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese				
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <u>Robert Kumiski</u>						18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <u>Joan Viole Garrison</u>							
19a. INFORMANT'S NAME <u>Brian P. Riggins</u>						19b. RELATIONSHIP TO DECEDENT <u>Husband</u>							
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____						20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <u>Cecil M. Burton F.H. & Crematory Shelby, NC</u>			20c. LOCATION (City or Town and State) <u>Shelby, NC 28152</u>				
21a. SIGNATURE OF FUNERAL DIRECTOR <u>Cecil M. Burton</u>						21b. LICENSE NUMBER <u>FS 1083</u>		21c. NAME OF EMBALMER <u>(Not Embalmed)</u>		21d. LICENSE NUMBER			
22. NAME AND ADDRESS OF FUNERAL HOME <u>Cecil M. Burton Funeral Home & Crematory 106 Cherryville Road Shelby, NC 28150</u>						23. If 1. Enter the basis of death (disease, injury or complication) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. Appropriate interval: Onset to death IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Atherosclerotic Cardiovascular Disease</u> Due to (or as a consequence of) b. _____ Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ SEQUENTIALLY LIST CONDITIONS (If any leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
PART II: Other a significant condition contributing to death but not resulting in the underlying cause given in PART I.						24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Hanging <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined						26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner		27. TIME OF DEATH (Approximate) <u>1:37 PM</u>			
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						29. IF FEMALE <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
30. DATE PRONOUNCED <u>2-18-2021</u>						31a. DATE OF INJURY (Month/Day/Year)		31b. TIME OF INJURY (Month/Day/Year)		31c. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.		31d. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						33. SIGNATURE AND TITLE OF CERTIFIER <u>Gail H Brockett Atty P ME</u>						33b. DATE SIGNED (Month/Day/Year) <u>2-19-2021</u>	
34. NAME AND ADDRESS OF CERTIFIER (Print legibly) <u>Gail H Brockett 5102 Seven Pines Rd Lawndale NC 28090</u>						35. DATE FILED (Month/Day/Year) <u>2-23-2021</u>							
36. DATE REGISTERED BY STATE						37. DATE CORRECTED (Month/Day/Year)						38. ITEM(S) CORRECTED	
39. DATE AMENDED (Month/Day/Year)						40. ITEM(S) AMENDED							

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

023-008462

Betsy S. Harnage
Register of Deeds
Cleveland County

Witness my hand and official seal
this the 23RD day of FEBRUARY 20 21

By: Betsy S. Harnage
Assistant Register of Deeds

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

